

APPLICATION FOR C.O.P. VOLUNTEERS



DURHAM POLICE DEPARTMENT
 EMPLOYEE SERVICES UNIT
 505 WEST CHAPEL HILL STREET
 DURHAM, NORTH CAROLINA 27701
 PHONE: (919) 560-4402
 FAX: (919) 560-4383



PLEASE PRINT OR TYPE

NAME _____
 (Last) (First) (Middle)

PRESENT ADDRESS _____
 (Street) (City) (State) (Zip)

TELEPHONE _____
 (Home) (Business) (Cell)

DATE OF BIRTH _____ DRIVER'S LICENSE # _____ STATE _____ CLASS _____

EMERGENCY CONTACT _____ PHONE _____ RELATIONSHIP _____

MILITARY SERVICE: Branch _____ Time Served _____ Date Discharged _____

EDUCATION (List Highest Completed)

SCHOOL NAME & LOCATION	DATES FROM/TO	COURSE OF STUDY	DEGREE

EMPLOYMENT HISTORY (List all employment within the last five years)

May we inquire of your present or last employer regarding your experience and qualifications? Yes _____ No _____

Name and Address of Company	Job Title	Supervisor	Reason for Leaving
Employment Dates From: To:	Work Duties		

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List all Previous Volunteer Activities_____

Memberships in Community Organizations_____

Additional talents or skills_____

What days and hours would you be interested in volunteering?_____

What type of duties interest you most? _____

Have you ever been convicted of a crime (Other than minor traffic offenses)? Yes_____ No_____

If yes, please list offenses:_____

LIST THREE (3) PERSONAL REFERENCES

NAME	OCCUPATION	ADDRESS	PHONE NUMBER

ANY FALSE STATEMENT EITHER VERBAL OR WRITTEN MAY CAUSE YOUR NAME TO BE REMOVED FROM CONSIDERATION OR MAY BE CAUSE FOR IMMEDIATE DISMISSAL FROM THE PROGRAM.

I HEREBY AUTHORIZE THE CITY OF DURHAM POLICE DEPARTMENT TO CONDUCT A RECORD CHECK PRIOR TO MY ACCEPTANCE AS A CIVILIAN VOLUNTEER.

VOLUNTEER SIGNATURE _____ DATE _____

*****DO NOT WRITE BELOW THIS LINE *****
